

ELECTION AND POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/587,593
	Int'l Filing Date	January 19, 2005
	First Named Inventor	Manfred SCHÜRMANN
	Title	LIQUID STORE FOR SUPPLYING LIQUID TO PLANTS
	Art Unit	
	Examiner Name	
	Attorney Docket Number	990045.401USPC

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners at Seed IP Law Group PLLC, Customer Number: **00500**

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above (and any continuation/divisional applications therefrom), and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number.

OR

☐ The address associated with Customer Number: .

OR

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		ZIP	
Country					
Telephone		Email			

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ As assignee of record of the entire interest I/we hereby elect, under 37 CFR 3.71, to prosecute the application to the exclusion of the inventor(s).

SIGNATURE of Applicant or Assignee of Record

Signature	<i>M. Schürmann</i>	Date	<i>09.09.2007</i>
Name	Miglena SCHÜRMANN		
Title and Company (Assignee)			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of four forms are submitted.